

Figure SC810.F32. Skin Disease Checklist

Evidence Required in Support of a Claim
for Work-Related Skin DiseaseU.S. Department of Labor
Employment Standards Administration
Office of Workers Compensation Programs

IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. Give a detailed description of employment factors you believe responsible for your condition, to include:		6. Review and comment on the employee's statements provided in response to questions 1-5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
a. Specific type of exposure.			
b. Frequency and duration of exposure.			
c. Protective equipment used to guard against exposure.		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.		8. Attach copies of the employee's	
3. Describe any previous skin conditions from the time they began through the present.		a. SF-171, Application for Employment.	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.		b. Position description with physical requirements.	
		c. Pertinent dispensary records.	
		d. Copies of all physical examinations on file.	
		e. Most recent SF-50, Notification of Personnel Action.	
5. Attach or forward a medical report from your current physician to include:			
a. History of exposure.			
b. Findings.			
c. Diagnosis.			
d. Details of treatment.			
e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above.			
f. Discussion of temporary vs. permanent effect from work exposure.			
g. Work restrictions caused by the condition.			